



Attorney Docket No. 56492 (71699)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Anderson, et al.

Examiner: Steven L. Ashburn

U.S.S.N.: 10/091,742

Art Unit: 3714

FILED: 3/5/2002

Confirmation No.: 8190

FOR: SIMULATION SYSTEM FOR IMAGE-GUIDED MEDICAL PROCEDURES

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 8, 2004.

By: Judy Daley

Judy Daley

SUPPLEMENTARY INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

June 8, 2004

Sir:

Pursuant to 37 C.F.R. §§ 1.97 and 1.98, applicant(s) hereby submit(s) an Information Disclosure Statement for consideration by the Examiner.

I. LIST OF PATENTS, PUBLICATIONS OR OTHER INFORMATION

The patents, publications or other information submitted for consideration by the Office are listed on PTO-1449, attached hereto.

II. COPIES

- a. X Submitted herewith is a legible copy of (i) each U.S and foreign patent; (ii) each publication or that portion which caused it to be listed; and (iii) all other information or that portion which caused it to be listed on the attached PTO-1449.

06/16/2004 SDENB081 00000058 10091742

01 FC:1806

180.00 0P

III. CONCISE EXPLANATION OF THE RELEVANCE
(check at least one box)

- a. ☒ Except as may be indicated below in (b), all of the patents, publications or other information are in the English language or were cited in an English language Search Report, a copy of which is attached hereto (concise explanation not required).
- b. ☐ A concise explanation of the relevance of all patents, publications or other information listed that is not in the English language is as follows:
- ☐ English translation for reference(s) _____.
 - ☐ English abstract for reference(s) _____.
 - ☐ English translation of search report/ official communication.
 - ☐ Copy of PCT/EPO Search Report.
- c. ☐ The following additional information is provided for the Examiner's consideration:
- ☐ Copy of EPO Search Report.
 - ☐ Copy of PCT Search Report.
 - ☐ Copy of Official Communication from the _____ Patent Office.
 - ☐ English translation of search report/ official communication.
 - ☐ Copy of _____.

FEES

IV. THIS IDS IS BEING FILED UNDER 37 C.F.R. § 1.97(d):

before payment of the Issue Fee and accompanied by:

- a. ☒ A fee in the amount of \$180.00; 37 C.F.R. § 1.17(p).
and
- b. ☐ See the certification below.

VI. CERTIFICATION UNDER 37 C.F.R. § 1.97(e) (check only one box)

The undersigned hereby certifies that

- a. ☐ each item of information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application not more than three months prior to the filing of this IDS; or

- b. _____ no item of information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application or, to the best of my knowledge after making reasonable inquiry, was known to any individual designated in 37 C.F.R. § 1.56(c) more than three months prior to the filing of this statement.
- c. _____ Some of the items of information were cited in a communication from a foreign Patent Office. As to this information, the undersigned certifies that each item of information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application not more than three months prior to the filing of this IDS. As to the remaining information, the undersigned hereby certifies that no item of this remaining information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application or, to the best of my knowledge after making reasonable inquiry, was known to any individual designated in 37 C.F.R. § 1.56(c) more than three months prior to the filing of this statement.


VII. FEE PAYMENT (check one)

- X Enclosed please find a check in the amount of \$944.00, which includes the amount of \$180.00 for the above-indicated fee.
- _____ Please charge Deposit Account No. 04-1105 in the amount of _____ for the above-indicated fee.
- _____ No fee is required.

If the Examiner has any questions concerning this IDS, he/she is requested to contact the undersigned. If it is determined that this IDS has been filed under the wrong rule, the PTO is requested to consider this IDS under the proper rule with a petition, if necessary, and charge the appropriate fee to Deposit Account No. 04-1105.

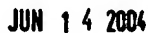
Respectfully submitted,

Date: June 8, 2004



William J. Daley, Jr. (Reg. No. 35,487)
Edwards & Angell, LLP
PO BOX 55874
Boston, MA 02205

Customer No: 21,874
Tel: (617) 439-4444



3714